* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan I					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ALACHUA	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice																
		Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu											l					
		s Rx		ĺ	•				\$23.92	\$23.92	•		l	•			97	•
BAKER	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-			İ					
	. ,	HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•	İ				97	•
		HumanaChoicePPO PPO R5826-005	1		•	1		1	\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-080C	•						\$0.00	-			İ					
		Humana Gold Plus HMO H1036-082D	•						\$0.00	-								
		Humana Gold Plus HMO H1036-037C	•						\$0.00	\$0.00	•			•			97	•
		Humana Gold Plus HMO H1036-081D	•						\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-		1						
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete							,									
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	
		UnitedHealthcareMedicareCompChoicePlu																
		s Rx			•				\$23.92	\$23.92	•			•			97	•
BAY	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice			•]			\$0.00	-								
		UnitedHealthcare Medicare Comp Choice											1					
		Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu																
		s Rx			•				\$23.92	\$23.92	•			•			97	•
BRADFORD	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice			•				\$0.00	-			l					
		UnitedHealthcare Medicare Comp Choice																
		Rx			•				\$0.00	\$0.00	•		l	•			97	•
		UnitedHealthcareMedicareCompChoicePlu							İ	1			l					
		s Rx			•	1	l		\$23.92	\$23.92	•	1	l	•			97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
O		Block Marco			Regional					Beneficiary Drug	7	De trond	Standard	Includes Tiered Copayments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Onland (Karad
County	Organization Name	Plan Name	НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Mail Order Offered
	American Pioneer Life Insurance																	
BREVARD	Company	Florida Special Needs Plan	٠						\$22.31	\$22.31			•				97	
		FloridianCare Value	•						\$27.95	-								
		FloridianCare Plus							\$69.95	620.20							97	
		FioridianCare Flus	•					 	\$69.95	\$30.29	<u> </u>	<u> </u>		•	•		97	•
		FloridianCare Complete							\$94.95	\$30.29							97	
	America's Health Choice Medical Plans,		·						\$94.90	\$30.29	•	1		•	•		91	•
	Inc.	Prem							\$0.00	\$0.00							89	
-	inc.	Americas Healthy Rewards Treasure Coast	<u> </u>				<u> </u>	 	Ψ0.00	Ψ0.00	⊢ •	1		-		 	09	•
		PI							\$0.00	\$0.00							89	
	CareOne Health Plan	CareOne Advocate	•						\$29.07	\$29.07				•			92	•
	Health First Medicare Plans	The Sunshine Plan	•						\$0.00	\$0.00		1	•				78	•
		The Value Secure Plan	•						\$0.00	\$0.00	•	1		•		•	78	•
		The Classic Secure Plan	•						\$38.00	\$36.59	•			•		•	78	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•
		Medicare Masterpiece Plus B	٠						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Ultra	•						\$69.00	\$0.00	•			•			97	•
	United Healthcare Insurance Company	Evercare Plan DH							\$29.07	\$29.07				•			97	•
		Evercare Plan IP							\$29.07	\$29.07				•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete	l				l			1							1	
<u> </u>	Choice	Choice	<u> </u>	<u> </u>	•		<u> </u>	 	\$0.00	-						<u> </u>		
		UnitedHealthcare Medicare Comp Choice Rx			١.				\$0.00	\$0.00							97	
		UnitedHealthcareMedicareCompChoicePlu		1			1	1	ψο.σσ	ψο.σσ		1	l				i .	
		s Rx							\$23.92	\$23.92	•						97	•
	Universal Health Care, Inc.	Universal Freedom PPO 01		•			1		\$0.00	\$0.00	•			•			97	•
		Universal Freedom PPO 02		•					\$59.00	\$0.00	•			•			97	•
	WellCare	WellCare Advance	•						\$0.00	-	1							
		WellCare Choice	٠						\$0.00	\$0.00	•			•			85	•
		WellCare Prescription Plus	٠						\$0.00	\$0.00	•			•	•		85	•
		WellCare Select	•						\$7.27	\$7.27			•	•			85	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Of October 10, 2005. The dat Description								<u> </u>	Cost					erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BROWARD	American Pioneer Life Insurance	FloridianCare Value							60.00									
BROWARD	Company	FloridianCare value	•						\$0.00	-				1				
		FloridianCare Plus	•						\$0.00	\$0.00	•			•	•		97	•
		Florida Special Needs Plan Americas Health Choice Broward Premier							\$22.31	\$22.31			•				97	
	Inc.	Pla	•						\$0.00	\$0.00	•			•		•	89	•
		Americas Healthy Rewards Broward Plan							\$0.00	\$0.00	•			•		•	89	•
	AvMed Medicare Plan	AvMed Premier Care	•						\$0.00	\$0.00			•	•			83	•
	AvMed Medicare Preferred PPO	AvMed Part B Only Plan AvMed Medicare Preferred PPO	•						\$34.16 \$128.90	\$34.16 \$34.11	•			<u> </u>			83 83	•
	Blue Cross and Blue Shield of Florida	BluePreferred Plan 1	1	•				 	\$128.90	\$45.89		•		- :-			97	•
	CareOne Health Plan	CareOne Advocate	•						\$29.07	\$29.07			•	•			92	•
	CarePlus Health Plans, Inc.	CareOne Plan	•						\$0.00	\$0.00	•			•	•		97	•
		CareComplete Plan CareExtra Plan	•				-	 	\$0.00 \$0.00	\$0.00				.			97	•
		CareExtra Plan	•				 	 	\$0.00	\$0.00	•		•				97	•
	Citrus Health Care, Inc.	Citrus Special Needs Plan	•						\$0.03	\$0.03	•			•		•	96	•
		CitrusCare	•						\$0.35	\$0.35	•			•		•	96	•
	Freedom Health, Inc.	Patriot Plan	•						\$0.00	\$0.00	•			•		•	89	•
	Health Options, Inc.\BCBSF	Medicare & More Medicare & More	•						\$0.00 \$45.89	\$0.00 \$45.89		•		:			97 97	•
		ActivelyYou	-						\$48.00	\$8.71	•			- : -			97	•
		ActivelyYou	•						\$57.71	\$57.71			•	•		•	97	•
	Humana Health Insurance Company Of FI, Inc.	HumanaChoicePPO PPO H5415-006							\$13.00 \$0.00	\$1.19				•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-065C	•						\$0.00	\$0.00	•			•	•		97	•
		Humana Gold Plus HMO H1036-053A Humana Gold Plus HMO H1036-088C	•						\$0.00 \$0.00	-								
		Humana Gold Plus HMO H1036-011A	-						\$0.00	\$0.00	•						97	•
		Humana Gold Plus HMO H1036-071B	•						\$0.00	\$0.00	•			•	•		97	•
		Humana Gold Plus HMO H1036-087C	•						\$0.00	\$0.00			•				97	•
	Madia Hadib Care Blace In	Humana Gold Plus HMO H1036-089C	•						\$0.00	\$0.00	•			•			97	•
	Medica HealthCare Plans, Inc. Medicare Masterpiece.	MedicareMax Medicare Masterpiece	•		-		-	 	\$0.00 \$0.00	\$0.00 \$0.00	•			•		•	98 97	
	medicale masterpiece.	Medicare Masterpiece Plus B	÷					 	\$0.00	\$0.00	•			- : -			77	•
		Medicare Masterpiece Ultra	•						\$59.00	\$0.00	•			•			97	•
	Preferred Care Partners, Inc.	PSO Health Plan	•						\$0.00	\$0.00	•			•	•		92	•
		Medicare Assist	•						\$20.64	\$20.64			•				92	•
	Summit Health Plan, Inc.	PCP Medicare Part B Summit Ideal Plan	•				-	-	\$28.24 \$0.00	\$28.24 \$0.00	•	•					92 92	•
	Co.min Freduct Fight, Inc.	Summit Maximum Plan	÷						\$0.00	\$0.00			•	<u> </u>			92	•
	SunCoast Physicians Health Plan, Inc	SunCoast Physicians Health Plan, Inc.							\$0.00	\$0.00				•			79	•
	United Healthcare Insurance Company	Evercare Plan DH							\$29.07	\$29.07	•			•			97	•
		Evercare Plan IP		•					\$29.07	\$29.07	•			•			97	•
_	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete	1		1	1			60.00		1			_		1		
	Choice	Choice UnitedHealthcare Medicare Comp Choice Rx							\$0.00 \$0.00	\$0.00							97	•
		UnitedHealthcareMedicareCompChoicePlus Rx			•				\$23.92	\$23.92	•			•			97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description					Ť				Cost					erage		Convenience
		·	М		ype of Advantage	Plan					С	Orug Deduct	ible		Type of Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BROWARD	Universal Health Care, Inc.	Universal Freedom PPO 01		•					\$0.00	\$0.00	•			•			97	•
		Universal Freedom PPO 02		•					\$59.00	\$0.00	•			•			97	•
	Vista Healthplan of South Florida, Inc.	Platinum Plus Plan	•						\$0.00	\$0.00							92	•
		Platinum Select Plan	•						\$0.00	\$0.00	•			•			92	•
		Platinum Choice Plan	•						\$0.00	\$0.00			•				92	
	Vista Healthplan, Inc.	Platinum Plus Plan	•						\$0.00	\$0.00	•			•		•	92	•
		Platinum Value Plan	٠						\$0.00									
		Platinum Choice Plan	•						\$0.00	\$0.00			•				92	•
		Preferred Options	•				<u> </u>		\$0.00	\$0.00			•	•			92	•
		Platinum Select Plan	•				ļ		\$0.00	\$0.00	•			•			92	•
	WellCare	WellCare Choice	•				<u> </u>	<u> </u>	\$0.00	\$0.00	•			•	•		85	•
		WellCare Dividend	•				1	<u> </u>	\$0.00	\$0.00	•			•		ļ	85	•
		WellCare Value	•				1	<u> </u>	\$0.00	\$0.00	•			•		ļ	85	•
		WellCare Select	•				1	<u> </u>	\$7.27	\$7.27			•	•		ļ	85	•
CALHOUN	11	WellCare Access HumanaChoicePPO PPO R5826-018	•				 	1	\$23.91 \$0.00	\$23.91			•				85	•
CALHOUN	Humana Insurance Company	Humana Gold Choice PFFS H1804-122			•		1	<u> </u>		-						ļ	07	
						•	1	1	\$14.00	\$14.00	•	<u> </u>		•			97	•
		HumanaChoicePPO PPO R5826-032			•		1	1	\$30.00	\$14.48		•		_			97	•
	Medicare Masterpiece.	HumanaChoicePPO PPO R5826-005 Medicare Masterpiece		-	•	 	 	 	\$39.00 \$0.00	\$22.99 \$0.00	•			•			97 97	•
	iviedicare iviasterpiece.	Medicare Masterpiece Plus B	•	-	 	 	1	1	\$0.00	\$0.00	•	1	 	•		 	77	•
<u> </u>		Medicare Masterpiece Prus B	•	-			+	+	\$0.00	\$0.00	· :		 			 	77	•
———		Medicare Masterpiece Ultra	÷	-	1	1	+	+	\$135.00	\$0.00	-	1	l	- : -		1	97	:
	SecureHorizons Direct	SecureHorizons Direct Plan 5	•	-			+	+	\$45.00	\$0.00	•		 	<u> </u>		 	31	•
	Occuremonzons Direct	SecureHorizons Direct Premier Plan 100		-		-:-	+	+	\$45.00 \$95.00	-	-		 			 	 	
 	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete		-	1	•	+	+	φ93.00			1	l	_		1	 	
	Choice Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx							\$23.92	\$23.92							97	
	Universal Health Care, Inc.	Universal Freedom PPO 01		•			t	†	\$0.00	\$0.00	•						97	•
	The state of the s	Universal Freedom PPO 02		•		1	1	1	\$59.00	\$0.00	•	1		•		1	97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CHARLOTTE	AdvantageCare	AdvantageCare	•			OCI VICC	1 Iuii	I Idii	\$10.00	\$0.00	•	rtcaacca	(ψ200)	•	Offiny	Dianas	86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•
		Medicare Masterpiece Plus A	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Ultra	•						\$99.00	\$0.00	•			•			97	•
	United Healthcare Insurance Company	Evercare Plan IP							\$29.07	\$29.07							97	•
	United Healthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx							\$31.00	\$0.00				•			97	•
	United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete	•						\$0.00	-		1						
		UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx							\$17.34	\$17.34							97	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice							\$0.00									
	Choice	UnitedHealthcare Medicare Comp Choice							ψ0.00									
		Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•			97	
	Universal Health Care, Inc.	Universal Freedom PPO 01		•					\$0.00	\$0.00	•			•			97	•
		Universal Freedom PPO 02		•					\$49.00	\$0.00	•			•			97	•
	WellCare	WellCare Prescription Plus	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Choice	•						\$0.00	\$0.00	•			•			85	•
		WellCare Select	•						\$7.27	\$7.27			•	•			85	•
CITRUS	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		Humana ChoicePPO PPO R5826-005 Humana Gold Choice PFFS H1804-145			•	•			\$39.00 \$104.00	\$22.99 \$21.35	•			•			97 97	•
	United Healthcare Insurance Company								\$29.07	\$29.07							97	
	United Healthcare Medicare Complete	UnitedHealthcare Medicare Complete		•					φ29.07	\$29.07	•			•			91	•
	Choice	Choice UnitedHealthcare Medicare Comp Choice			•				\$0.00	-								
		Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlus Rx							\$23.92	\$23.92							97	
	Universal Health Care, Inc.	Universal Freedom PPO 01			<u> </u>		-	1	\$0.00	\$0.00	<u> </u>	 			-		97	•
	Oniversal Health Care, Inc.	Universal Freedom PPO 02		·				 	\$59.00	\$0.00	•	 		- :			97	•
CLAY	Humana Insurance Company	HumanaChoicePPO PPO R5826-018		Ť				 	\$0.00	\$0.00 -	⊢ •	 		 			31	•
	and modranos company	HumanaChoicePPO PPO R5826-032			•			 	\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•			1	\$39.00	\$22.99				•			97	•
		Humana Gold Choice PFFS H1804-145						1	\$104.00	\$21.35				•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-				Ì				
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice							\$0.00	_		İ						
	5	UnitedHealthcare Medicare Comp Choice								60.00							07	
		Rx UnitedHealthcareMedicareCompChoicePlu			•				\$0.00	\$0.00	•			•			97	•
	WellCare	s Rx WellCare Choice			•			-	\$23.92 \$0.00	\$23.92 \$0.00	•	-		•			97 85	•
-	110110410	WellCare Select	· ·	 			-	 	\$7.27	\$7.27	<u> </u>	 	-	- : -	 		85	· ·

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost					erage		Convenience
			M		ype of Advantage	Plan				D	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
COLLIER	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-					,			
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete															
	Choice	Choice			•			\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx						\$0.00	\$0.00				•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92				•			97	
	Universal Health Care, Inc.	Universal Freedom PPO 01		•				\$0.00	\$0.00	•			•			97	•
		Universal Freedom PPO 02		•				\$49.00	\$0.00	•			•			97	•
COLUMBIA	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice						\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00				•			97	
		UnitedHealthcareMedicareCompChoicePlu s Rx			•			\$23.92	\$23.92	•			•			97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
						Private Fee-for-		Demo			_		Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	
County	Organization Name American Pioneer Life Insurance	Plan Name	НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Mail Order Offered
DADE	Company	FloridianCare Value							\$0.00	-								
	. ,																	
		FloridianCare Plus	•						\$0.00	\$0.00	•			•	•		97	•
		Florida Special Needs Plan	_						\$22.31	\$22.31			_				97	
	AvMed Medicare Plan	AvMed Premier Care	•						\$0.00	\$0.00	•		•		•		83	
	/ Wilca Wicalcare Flair	AvMed Part B Only Plan	•						\$34.16	\$34.16	•			•	·		83	
	AvMed Medicare Preferred PPO	AvMed Medicare Preferred PPO		•					\$78.90	\$35.08	•			•			83	•
	CareOne Health Plan	CareOne Advocate	•						\$29.07	\$29.07			•	•			92	•
	CarePlus Health Plans, Inc.	CareComplete Plan	•						\$0.00	-								
		CareExtra Plan	•						\$0.00	\$0.00			•				97	•
		CareCenters Plan	•					ļ	\$0.00	\$0.00	•	1		•	•		97	•
		CareFree Plan	•						\$0.00	\$0.00	•	ļ		•			97	•
	Citrus Health Care, Inc.	CareOne Plan Citrus Special Needs Plan	•					-	\$0.00 \$0.03	\$0.00 \$0.03	•	-		•	•	_	97	•
	Gittus Fleatiti Gare, Iffc.	Citrus Speciai Needs Plan CitrusCare	•				 	-	\$0.03 \$0.38	\$0.03	•	1		•		•	96 96	•
	Doctorcare, Inc.	DoctorCare Health Advantage	•						\$0.00	\$0.00	•			•		•	94	·
	Freedom Health, Inc.	Patriot Plan II	•						\$0.00	\$0.00	•			•		•	89	
	Health Options, Inc.\BCBSF	Medicare & More	•						\$0.00	\$0.00		•		•			97	•
		Medicare & More	•						\$45.89	\$45.89	•			•			97	•
		ActivelyYou	•						\$47.00	\$8.47		•		•		•	97	•
		ActivelyYou	•						\$57.47	\$57.47			•	•		•	97	•
	Healthsun Health Plans, Inc.	SunPlus Advantage Plan	•						\$0.00	\$0.00	•			•		•	79	
	Humana Health Insurance Company Of								210.00	24.42								
	FI, Inc.	HumanaChoicePPO PPO H5415-006 HumanaChoicePPO PPO R5826-018		•					\$13.00	\$1.19	•	ļ		•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-032	-		•				\$0.00 \$30.00	\$14.48							97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•	•		•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-034A	•						\$0.00	\$0.00	•			•			97	•
		Humana Gold Plus HMO H1036-054C	•						\$0.00	\$0.00	•			•	•		97	•
		Humana Gold Plus HMO H1036-061A	•						\$0.00	-								
		Humana Gold Plus HMO H1036-072B	•						\$0.00	\$0.00	•			•	•		97	•
		Humana Gold Plus HMO H1036-077C	•						\$0.00	\$0.00			•				97	•
		Humana Gold Plus HMO H1036-078A	•						\$0.00	\$0.00	•			•			97	•
	Leon Medical Centers Health, Inc.	Leon Cares	•						\$0.00	\$0.00	•	ļ		•	•		97	
	Medica HealthCare Plans, Inc. Medicare Masterpiece.	MedicareMax Medicare Masterpiece	•					 	\$0.00 \$0.00	\$0.00 \$0.00	•	-		•		•	98 97	•
	ivieulcare iviasterpiece.	Medicare Masterpiece Plus B	•		1		 	1	\$0.00	\$0.00	•	 		•			77	•
	Preferred Care Partners, Inc.	PSO Health Plan	•						\$0.00	\$0.00	•			•	•		92	•
		Senior Health Choice	•						\$0.00	\$0.00	•			•	•		92	
		Medicare Assist	•						\$20.64	\$20.64			•	•	•		92	•
		PCP Medicare Part B	•						\$28.24	\$28.24		•					92	•
	Summit Health Plan, Inc.	Summit Ideal Plan	•						\$0.00	\$0.00	•			•			92	•
		Summit Maximum Plan	•				<u> </u>	!	\$0.00	\$0.00		ļ	•				92	•
	SunCoast Physicians Health Plan, Inc	SupCoast Physicians Health Disc. In-			1		1	l	60.00	60.00							70	
	Suncoast Physicians nealth Plan, Inc	SunCoast Physicians Health Plan, Inc. UnitedHealthcare Medicare Comp Select C	•					<u> </u>	\$0.00	\$0.00	•	 		•			79	•
	United Healthcare of Florida, Inc.	Ry						l	\$0.00	\$0.00							97	
	Simod Floatinoard Of Florida, IIIc.	UnitedHealthcare Medicare Comp Select	Ť				 	l	ψυ.υυ	ψ0.00	·	1						i i
		Rx			1		1	l	\$0.00	\$0.00	•						97	•
	1								1	1				İ				
		UnitedHealthcare Medicare Comp Plus Rx	•					L	\$16.34	\$16.34	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice						l										
		Rx	ı		•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu										1						

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

includes c	contracts/plans approved as o	Description Description	u doc	70 1100	1011001		o.ga	Zati	ono, ompi		Cost	10110, 01	11001	l lane		erage		Convenience
		·	М		ype of Advantage	Plan					D	rug Deduct	ible		Type of a	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо		Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DADE	Universal Health Care, Inc.	Universal Freedom PPO 01 Universal Freedom PPO 02		•					\$0.00 \$99.00	\$0.00 \$0.00	•			•			97 97	•
	Vista Healthplan of South Florida, Inc.	Platinum Plan		-					\$0.00	\$0.00	•			•			92	•
		Platinum Plus Plan							\$0.00	\$0.00	•			•		•	92	•
		Platinum Choice Plan	•						\$0.00	\$0.00			•				92	•
	Vista Healthplan, Inc.	Platinum Plus Plan	•						\$0.00	\$0.00	•			•		•	92	•
<u> </u>		Platinum Value Plan	•			ļ			\$0.00	-							00	
		Platinum Choice Plan Preferred Options	•		-	 			\$0.00 \$0.00	\$0.00 \$0.00			•		 		92 92	•
	- 	Platinum Select Plan	•						\$0.00	\$0.00	•			·			92	•
	WellCare	WellCare Choice	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Dividend	•						\$0.00	\$0.00	•			•			85	•
DE SOTO	Humana Ingurance Company	WellCare Select HumanaChoicePPO PPO R5826-018	•						\$7.27 \$0.00	\$7.27			•	•			85	•
DE 3010	Humana Insurance Company	HumanaChoicePPO PPO R5826-032			:				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00				•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx							\$23.92	\$23.92							97	•
DIXIE	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005 Humana Gold Choice PFFS H1804-145			•	•			\$39.00 \$104.00	\$22.99 \$21.35	•			•			97 97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice							\$0.00	-	•			•			91	•
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx							\$23.92	\$23.92							97	
DUVAL	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-							· · ·	
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
-	Humana Medical Plan, Inc.	Humana Gold Choice PFFS H1804-145 Humana Gold Plus HMO H1036-080C				•			\$104.00 \$0.00	\$21.35	•			•	 		97	•
	mumana Medical Plan, Inc.	Humana Gold Plus HMO H1036-080C	•			-			\$0.00	-								
		Humana Gold Plus HMO H1036-037C	•						\$0.00	\$0.00	•			•			97	•
		Humana Gold Plus HMO H1036-081D	•						\$0.00	\$0.00	•			•			97	•
	Quality Health Plans, Inc.	Advantage Silver	•						\$0.00	\$0.00	•			•		•	96	•
	Starling Option I	Advantage Gold Plus	•			•			\$30.00 \$9.00	\$0.00	•			•		•	96	•
	Sterling Option I United Healthcare Insurance Company	Sterling Option I Evercare Plan IP				•			\$9.00 \$29.07	\$29.07							97	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice		<u> </u>					\$29.07	φ29.01 -	•			1			91	•
	2.10100	UnitedHealthcare Medicare Comp Choice																
		Rx UnitedHealthcareMedicareCompChoicePlu			•				\$0.00	\$0.00	•						97	•
	WellCare	s Rx WellCare Choice	•		•	 			\$23.92 \$0.00	\$23.92 \$0.00	•			•		-	97 85	•
	110110410	WellCare Select	•		l	-	-	-	\$7.27	\$7.27	<u> </u>			- : -	l		85	:

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			M		ype of Advantage I	Plan					D	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ESCAMBIA	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•	00.1100			\$0.00	-	20.0	rioduood	(\$200)	2. ugo	O.ny	Diana	· ormanary	man Gradi Gridica
		Humana Gold Choice PFFS H1804-122				•			\$14.00	\$14.00	•			•			97	•
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	United Healthcare Insurance Company	Evergero Plan IP							\$29.07	\$29.07							97	
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete		•					\$29.07	\$29.07	•	1		•			91	•
	Choice	Choice Medicare Complete					l		\$0.00	_								
	Onloide	UnitedHealthcare Medicare Comp Choice						-	ψ0.00	-		+		<u> </u>				
		Ry							\$0.00	\$0.00	•						97	
	+	UnitedHealthcareMedicareCompChoicePlu							ψ0.00	ψ0.00							<u> </u>	-
		s Rx							\$23.92	\$23.92							97	
	WellCare	WellCare Prescription Plus	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Choice	•						\$29.00	\$0.00	•			•			85	•
FLAGLER	Florida Health Care Plan, Inc.	FHCP Medvantage	•						\$0.00	-								
		FHCP Medvantage Rx	•						\$0.00	\$0.00		•		•			78	•
		FHCP Medvantage Rx Plus	•						\$19.22	\$19.22	•			•		•	78	•
	Humana Health Insurance Company Of																	
	FI, Inc.	HumanaChoicePPO PPO H5415-039		•					\$20.00	\$1.39	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-044	•						\$0.00	\$0.00	•			•			97	•
		Humana Gold Plus HMO H1036-056	•						\$0.00	-								
		Humana Gold Plus HMO H1036-083	•						\$0.00	-								
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
	Haire III to the constitution of the state o	SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete			_				\$0.00									
	Choice	Choice UnitedHealthcare Medicare Comp Choice			•				\$0.00	-		1						
		Rx			_				\$0.00	\$0.00							97	
	+	UnitedHealthcareMedicareCompChoicePlu			<u> </u>		-		φυ.υυ	φυ.υυ	•			•	-	-	31	•
		s Rx							\$23.92	\$23.92							97	
FRANKLIN	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	φ23.92				<u> </u>				
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•		1			97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•
	·	Medicare Masterpiece Plus B	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Premier	•						\$0.00	\$0.00	٠			•			77	•
		Medicare Masterpiece Ultra	•						\$135.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																·
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice																
		Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu							005	005								
	1	s Rx			•				\$23.92 \$0.00	\$23.92	•	l		•	ļ	l	97 97	•
	Universal Health Care, Inc.	Universal Freedom PPO 01		•						\$0.00	•			•				•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description					- 3-				Cost	,				erage		Convenience
		·	М		ype of Advantage	Plan					С	rug Deduct	ible		Type of Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
GADSDEN	Capital Health Plan Advantage	Capital Health Plan Advantage Plus	•						\$31.33	\$28.03	•			•			97	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-							07	
		Humana Gold Choice PFFS H1804-122 HumanaChoicePPO PPO R5826-032				•			\$14.00 \$30.00	\$14.00 \$14.48	•	•		•			97 97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•	•		•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•
	·	Medicare Masterpiece Plus B	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Premier	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Ultra	•						\$135.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
-	UnitedHealthcare Medicare Complete	SecureHorizons Direct Premier Plan 200 UnitedHealthcare Medicare Complete				•			\$85.00	-								
İ	Choice Complete	Choice Complete			١.	1			\$0.00	_								
-	0.10.00	UnitedHealthcare Medicare Comp Choice			•	l	1		ψυ.υυ	<u> </u>								
		Rx							\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu																
		s Rx			•				\$23.92	\$23.92	•			•			97	•
	Universal Health Care, Inc.	Universal Freedom PPO 01		•					\$0.00	\$0.00	•			•			97	•
OII OLIBIOT		Universal Freedom PPO 02		•					\$59.00	\$0.00	•			•			97	•
GILCHRIST	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 HumanaChoicePPO PPO R5826-032			•				\$0.00 \$30.00	- \$14.48							97	
		HumanaChoicePPO PPO R5826-032 HumanaChoicePPO PPO R5826-005			•				\$30.00	\$14.48 \$22.99	•	•					97	•
		Humana Gold Choice PFFS H1804-145			•	•			\$104.00	\$21.35	-:			- :			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete							φ104.00	Ψ21.00	•			·			- 51	· · · · · · · · · · · · · · · · · · ·
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx							\$23.92	\$23.92							97	
GLADES	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	
		UnitedHealthcareMedicareCompChoicePlu				l	1		ψ0.00	ψυ.υυ		1						•
1		s Rx			•	l			\$23.92	\$23.92	•			•			97	•
GULF	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
	United Healthours Madisess Commission	Humana Gold Choice PFFS H1804-145				•		-	\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00							97	•
		UnitedHealthcareMedicareCompChoicePlus Rx							\$23.92	\$23.92							97	_
HAMILTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-018	-		•	 		1	\$23.92	\$23.92	•			•			91	•
WILLOW	Transaction of Company	HumanaChoicePPO PPO R5826-032			-	l			\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice UnitedHealthcare Medicare Comp Choice			•				\$0.00	-								
		Rx UnitedHealthcareMedicareCompChoicePlu			•				\$0.00	\$0.00	•			•			97	•
		s Rx			•				\$23.92	\$23.92	•			•			97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								•	Cost				Cove	erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deducti	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HARDEE	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
	UnitedHealthcare Medicare Complete	Humana Gold Choice PFFS H1804-145 UnitedHealthcare Medicare Complete				•		-	\$104.00	\$21.35	•			•			97	•
	Choice Complete	Choice							\$0.00	_								
	Choice	UnitedHealthcare Medicare Comp Choice			·				Ψ0.00	_								
		Rx							\$0.00	\$0.00							97	•
		UnitedHealthcareMedicareCompChoicePlu								*****				İ				
ĺ		s Rx		1	•	1			\$23.92	\$23.92	•			•			97	•
HENDRY	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete							l '									
<u> </u>	Choice	Choice Madison Ones Obsider		<u> </u>	•	<u> </u>	<u> </u>		\$0.00	-	ļ							
1		UnitedHealthcare Medicare Comp Choice Rx		l		l			\$0.00	\$0.00	l .						97	_
		UnitedHealthcareMedicareCompChoicePlu			•				\$0.00	\$0.00	•			•			97	•
1		s Rx		l	_	l			\$23.92	\$23.92				1 -			97	_
HERNANDO	CareOne Health Plan	CareOne Advocate	•		•				\$29.07	\$29.07	•		•	<u> </u>			92	•
TILITATADO	Humana Health Insurance Company Of	odreone navocate							Ψ23.01	Ψ23.01							32	*
	FI, Inc.	HumanaChoicePPO PPO H5415-048							\$0.00	-								
		HumanaChoicePPO PPO H5415-011		•					\$20.00	\$1.39	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-092	•						\$0.00	-								
		Humana Gold Plus HMO H1036-093	•						\$0.00	-								
	Madiagra Mastarriaga	Humana Gold Plus HMO H1036-067	•	-					\$0.00 \$0.00	\$0.00 \$0.00	•			•			97 97	•
	Medicare Masterpiece.	Medicare Masterpiece Medicare Masterpiece Plus A	•	-					\$0.00	\$0.00	•			•			77	•
	+	Medicare Masterpiece Prus A	•	 		 			\$0.00	\$0.00	•			•			77	•
	+	Medicare Masterpiece Premier	•	-					\$59.00	\$0.00	•			•			97	•
	Quality Health Plans, Inc.	Advantage Silver	•	1		1			\$0.00	\$0.00	•			•		•	96	•
	,	Advantage Gold	•						\$49.14	\$49.14	•			•		•	96	•
		_																
	United Healthcare Insurance Company			•					\$29.07	\$29.07	•			•			97	•
	United Healthcare Insurance Company,	UnitedHealthcare Medicare Comp Choice		1		I			1		1				l			
	Inc.	Rx		•		ļ			\$31.00	\$0.00	•			•			97	•
	United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete	•						\$0.00	-								
	_	UnitedHealthcare Medicare Complete Rx	•				ļ		\$0.00	\$0.00	•			•			97	•
1		UnitedHealthcare Medicare Complete Plus		l		l			\$17.34	\$17.34				_			97	_
<u> </u>	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete	•	-		 	<u> </u>		φ11.34	φ17.34	<u> </u>			-	ļ		9/	•
	Choice Complete	Choice		l	١.	1	l		\$0.00	_	1			l				
	55100	UnitedHealthcare Medicare Comp Choice		 	<u> </u>	 			φυ.υυ	-	-			1	-			
		Rx		l		l			\$0.00	\$0.00							97	•
		UnitedHealthcareMedicareCompChoicePlu				1			\$0.00	ψ0.00				_			· ·	-
1		s Rx		l		l			\$23.92	\$23.92							97	•
	Universal Health Care, Inc.	Universal Freedom PPO 01		•					\$0.00	\$0.00	•			•			97	•
		Universal Freedom PPO 02		•					\$59.00	\$0.00	•			•			97	•
	WellCare	WellCare Dividend	•						\$0.00	\$0.00	•			•			85	•
	vvelicare	Wellcare Dividend																

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								1	Cost				Cove	erage	1	Convenience
			M		ype of Advantage	Plan					С	rug Deduct	ible	_	Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО		Regional PPO	Private Fee-for- Service			Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HIGHLANDS	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•	ļ		•			97 97	•
	UnitedHealthcare Medicare Complete	Humana Gold Choice PFFS H1804-145 UnitedHealthcare Medicare Complete				•	_		\$104.00	\$21.35	•	1		•			97	•
	Choice	Choice			_				\$0.00									
	Choice	UnitedHealthcare Medicare Comp Choice			•				\$0.00	-		1						
		Rx							\$0.00	\$0.00							97	
		UnitedHealthcareMedicareCompChoicePlu			<u> </u>				ψ0.00	ψ0.00		1		•				·
		s Rx	l	1		1	1		\$23.92	\$23.92							97	
HILLSBOROUGH	Blue Cross and Blue Shield of Florida	BluePreferred Plan 1		•	<u> </u>				\$108.00	\$45.89		•		•			97	•
	CareOne Health Plan	CareOne Advocate	•			1	 		\$29.07	\$29.07			•	•			92	•
	CarePlus Health Plans, Inc.	CareExtra Plan	•						\$0.00	-		1						
		CareFree Plan	•						\$0.00	-								
		CareOne Plan	•						\$0.00	\$0.00	•			•			97	•
	Citrus Health Care, Inc.	Citrus Special Needs Plan	•						\$0.03	\$0.03	•			•		•	96	•
	·	CitrusCare	•						\$1.00	\$1.00	•			•		•	96	•
	Humana Health Insurance Company Of FI, Inc.	HumanaChoicePPO PPO H5415-048		•					\$0.00	-								
		HumanaChoicePPO PPO H5415-011							\$20.00	\$1.39							97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-092	•						\$0.00	-								
		Humana Gold Plus HMO H1036-093	•						\$0.00	-								
	Madiana Madania	Humana Gold Plus HMO H1036-025	•						\$0.00	\$0.00	•			•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00 \$0.00	\$0.00 \$0.00	•	ļ		•			97 77	•
		Medicare Masterpiece Plus A							\$99.00			ļ		1				
	Quality Health Plans, Inc.	Medicare Masterpiece Ultra Advantage Silver	•						\$99.00	\$0.00 \$0.00	-:	ļ		<u> </u>			97 96	•
	Quality Health Plans, Inc.	Advantage Silver Advantage Gold Plus	•				_		\$30.00	\$0.00	•	1		- :		•	96	•
		Advantage Gold Flus	•						\$30.00	\$0.00	•	1		•		•	90	•
	United Healthcare Insurance Company	Evercare Plan DH	•						\$29.07	\$29.07				•			97	•
	United Healthcare Insurance Company,	Evercare Plan IP UnitedHealthcare Medicare Comp Choice		•					\$29.07	\$29.07	•			•			97	•
	Inc.	Rx		•					\$31.00	\$0.00	•			•			97	•
	United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete	•						\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•			-	-		\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus							647.04	647.04							97	
	UnitedHealthcare Medicare Complete Choice	Rx UnitedHealthcare Medicare Complete Choice	•						\$17.34 \$0.00	\$17.34	<u> </u>			<u> </u>			9/	•
	CHOICE	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	
		UnitedHealthcareMedicareCompChoicePlu s Rx								\$23.92							97	
	Universal Health Care, Inc.	Universal Freedom PPO 01		<u> </u>	•	 	-	-	\$23.92 \$0.00	\$23.92 \$0.00	•	1					97	•
	Universal Health Care, Inc.			•					\$0.00	\$0.00	•	ļ					97	
	WellCare	Universal Freedom PPO 02 WellCare Choice	•	•		 	-		\$0.00	\$0.00	•			- :			85	•
	WellCale	WellCare Value	÷	-	 	 	-	-	\$0.00	\$0.00	- :				•		85	•
-		WellCare Select	÷	 	-	 		1	\$7.27	\$7.27	- :			· :			85	•
		WellCare Access	•					-	\$23.91	\$23.91	<u> </u>		•				85	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description					- 3-				Cost	,				erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Type of a	Additional Offered in verage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service			Premium)	Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HOLMES	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 HumanaChoicePPO PPO R5826-032			•		-	1	\$0.00 \$30.00	- \$14.48							97	
		HumanaChoicePPO PPO R5826-005			- :		+	1	\$30.00	\$22.99	-	•					97	:
		Humana Gold Choice PFFS H1804-145			•	•	1	1	\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete					1			4-1100								
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	•
		UnitedHealthcareMedicareCompChoicePlu																
		s Rx			•				\$23.92	\$23.92	•			•			97	1
	America's Health Choice Medical Plans,	Americas Health Choice Treasure Coast																
INDIAN RIVER	Inc.	Prem	•					<u> </u>	\$0.00	\$0.00	•			•		•	89	•
		Americas Healthy Rewards Treasure Coast							1 .						l			1
		PI	•						\$0.00	\$0.00	•			•		•	89	•
	Health First Medicare Plans	The Sunshine Plan	٠	-		1	1	-	\$0.00	\$0.00			•	1			78	•
		The Value Secure Plan The Classic Secure Plan	•	 		 	-	1	\$0.00 \$38.00	\$0.00 \$36.59	•	1		•	-	•	78 78	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018	•	<u> </u>			 		\$38.00	\$36.59	•			•		•	78	
	Humana insurance Company	HumanaChoicePPO PPO R5826-032			-		+	1	\$30.00	\$14.48							97	
		HumanaChoicePPO PPO R5826-005			- :-		+	1	\$39.00	\$22.99	•						97	•
		Humana Gold Choice PFFS H1804-145			•	•	1	1	\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice							\$0.00	_								
	Unidec	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	_
		UnitedHealthcareMedicareCompChoicePlus Rx								\$23.92	•						97	
JACKSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-018		<u> </u>	· ·		 		\$23.92 \$0.00		•			•			97	<u> </u>
JACKSON	Humana insurance Company	HumanaChoicePPO PPO R5826-032			•		+	1	\$30.00	- \$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•		1	1	\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•	1	1	\$104.00	\$21.35				•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete							\$10 H.00	Ψ21.00							- 01	
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice							1								_	1
		Rx		ļ	•	ļ	1	ļ	\$0.00	\$0.00	•	ļ		•	ļ		97	<u> </u>
		UnitedHealthcareMedicareCompChoicePlu s Rx			•				\$23.92	\$23.92	•			•			97	•
JEFFERSON	Capital Health Plan Advantage	Capital Health Plan Advantage Plus	•	<u> </u>		<u> </u>		<u> </u>	\$31.33	\$28.03	•			•			97	L
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018		ļ	•		<u> </u>		\$0.00	-							07	
-	+	Humana Gold Choice PFFS H1804-122		 		•	-	1	\$14.00	\$14.00	•	1		•	 		97	•
		HumanaChoicePPO PPO R5826-032 HumanaChoicePPO PPO R5826-005		 	<u> </u>	 	-	1	\$30.00 \$39.00	\$14.48 \$22.99		•			-		97 97	•
	Medicare Masterpiece.	Medicare Masterpiece	•	1	•	 	1	1	\$0.00	\$22.99	•	1					97	:
1	iviculcate iviasterpiece.	Medicare Masterpiece Medicare Masterpiece Plus B	÷	 		 	1	1	\$0.00	\$0.00	•			- :	-		77	•
		Medicare Masterpiece Premier	•	 		 	1	 	\$0.00	\$0.00	•			- :			77	•
	<u> </u>	Medicare Masterpiece Ultra	•				 	1	\$135.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•	1		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice UnitedHealthcare Medicare Comp Choice		 	<u> </u>	 	1	+	\$0.00	-	-			-		-		
		Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx							\$23.92	\$23.92							97	
	Universal Health Care, Inc.	Universal Freedom PPO 01		•			L		\$0.00	\$0.00	•			•			97	•
		Universal Freedom PPO 02		•					\$59.00	\$0.00	•			•			97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LAFAYETTE	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•	00.7.00			\$0.00	-	2010	rtoddood	(\$200)	2. ago	O.my	Dianao	· ormanary	man oraci onicioa
	, ,	HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•						97	
		UnitedHealthcareMedicareCompChoicePlu																
		s Rx			•				\$23.92	\$23.92	•			•			97	•
LAKE	Freedom Health, Inc.	Patriot Plan	•						\$0.00	\$0.00	•			•		•	89	•
	Humana Health Insurance Company Of FI, Inc.	HumanaChoicePPO PPO H5415-021							\$20.00	\$1.39	•						97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-085	•						\$0.00	-								
		Humana Gold Plus HMO H1036-086	•						\$0.00	-								
	0 15 11 11 11	Humana Gold Plus HMO H1036-047	•						\$0.00	\$0.00	•			•			97	•
	Quality Health Plans, Inc.	Advantage Silver	•						\$0.00	\$0.00	•			•		•	96	•
	Haita di Ia altha ann Ma diagna Cannalata	Advantage Gold Plus	•					-	\$30.00	\$0.00	•			•		•	96	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu																
		s Rx			•				\$23.92	\$23.92	•			•			97	•
LEE	AdvantageCare	AdvantageCare	•						\$10.00	\$0.00	•			•			86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
	Medicare Masterpiece.	Humana Gold Choice PFFS H1804-145 Medicare Masterpiece		-		•		 	\$104.00 \$0.00	\$21.35 \$0.00	•	 		•	 		97 97	•
<u> </u>	ivieuloare iviasterpiece.	Medicare Masterpiece Medicare Masterpiece Plus A	•	-				 	\$0.00	\$0.00	•	 		 :	 		77	•
 		Medicare Masterpiece Ultra	<u> </u>					l	\$99.00	\$0.00	•			- : -			97	•
—	SecureHorizons Direct	SecureHorizons Direct Plan 5	⊢ •			•		-	\$45.00	-	⊢ •	 		<u> </u>			Ji	·
—	2 3 di oi ionizono Billott	SecureHorizons Direct Premier Plan 100	-			•		-	\$95.00	-		 		t				
	United Healthcare Insurance Company								\$29.07	\$29.07							97	
	United Healthcare Insurance Company,		1	Ť				1	Ψ=0.01	Ψ20.01		1		<u> </u>			, J,	
	Inc.	Rx		•					\$31.00	\$0.00	•			•			97	•
	United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete	٠						\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	٠						\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx							\$17.34	\$17.34							97	
_	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice							\$0.00	-							_	
		UnitedHealthcare Medicare Comp Choice Rx								\$0.00				_			97	_
		UnitedHealthcareMedicareCompChoicePlu			•				\$0.00	\$0.00	•			<u> </u>				•
	Universal Health Care, Inc.	s Rx Universal Freedom PPO 01			•				\$23.92 \$0.00	\$23.92 \$0.00	•	-		•			97 97	•
		Universal Freedom PPO 02		•					\$49.00	\$0.00	•			•	1	1	97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description					Ŭ				Cost	<u> </u>				erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LEON	Capital Health Plan Advantage	Capital Health Plan Advantage Plus	•						\$31.33	\$28.03	•			•			97	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		Humana Gold Choice PFFS H1804-122				•		<u> </u>	\$14.00	\$14.00	•			•			97	•
		HumanaChoicePPO PPO R5826-032 HumanaChoicePPO PPO R5826-005			:				\$30.00 \$39.00	\$14.48 \$22.99	•	•					97 97	•
	Medicare Masterpiece.	Medicare Masterpiece	•		•				\$0.00	\$0.00	•			· ·			97	•
	Wedicare Wasterpiece.	Medicare Masterpiece Plus B	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Premier	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Ultra	•						\$135.00	\$0.00	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice							\$0.00									
	Choice	UnitedHealthcare Medicare Comp Choice			·				\$0.00	-								
		Rx							\$0.00	\$0.00							97	•
		UnitedHealthcareMedicareCompChoicePlus Rx							\$23.92	\$23.92							97	
	Universal Health Care, Inc.	Universal Freedom PPO 01			<u> </u>			 	\$0.00	\$23.92	•			- : -			97	•
	S.IIVEISCH FICCHER CATE, IIIC.	Universal Freedom PPO 02		<u> </u>			\vdash	 	\$59.00	\$0.00	- :	1		- :		1	97	.
LEVY	Humana Insurance Company	HumanaChoicePPO PPO R5826-018							\$0.00	-							Ü.	
	, , , , , , , , , , , , , , , , , , , ,	HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice							60.00	60.00							07	
		Rx		-	•			-	\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlus Rx							\$23.92	\$23.92							97	_
LIBERTY	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	Ψ23.92				<u> </u>			31	•
LIDEIXI I	Tramana modranos company	HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•
		Medicare Masterpiece Plus B	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Premier	•						\$0.00	\$0.00	•			•			77	•
	UnitedHealthcare Medicare Complete	Medicare Masterpiece Ultra UnitedHealthcare Medicare Complete	•	 				 	\$135.00	\$0.00	•			•		<u> </u>	97	•
	Choice Choice	Choice Medicare Complete							\$0.00	_								
	Onoice	UnitedHealthcare Medicare Comp Choice		1	_		-	 	ψυ.υυ	-								
		Rx		1				1	\$0.00	\$0.00							97	•
		UnitedHealthcareMedicareCompChoicePlus Rx			_				\$23.92	\$23.92	_			_			97	_
-	Universal Health Care, Inc.	Universal Freedom PPO 01			•			1	\$23.92	\$23.92	•	1				1	97	•
	S.IIVOISAI FIGAIAI GAIG, IIIG.	Universal Freedom PPO 02		-			 	1	\$59.00	\$0.00	-			- : -		 	97	•
MADISON	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
	· ,	HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•			<u></u>	\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•
		Medicare Masterpiece Plus B	•	ļ				<u> </u>	\$0.00	\$0.00	•	ļ		•			77	•
		Medicare Masterpiece Premier Medicare Masterpiece Ultra	•	ļ			-	1	\$0.00 \$135.00	\$0.00 \$0.00	•	1		<u>:</u>		 	77 97	•
		nvieuicare (viasterbiece utra	•	-				 	00.001	\$0.00	<u> </u>			<u> </u>		 	91	•
	UnitedHealthcare Medicare Complete							1	l .		ı	1		1		1	l	
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete							\$0.00	_								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Complete								\$0.00							97	•
		UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Comp Choice Rx UnitedHealthcareMedicareCompChoicePlu							\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Comp Choice Rx			•					\$0.00 \$23.92 \$0.00							97 97 97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost					erage		Convenience
			М		ype of Advantage	Plan				С	rug Deduct	ible		Coverage	Additional e Offered in verage Gap		
County	Organization Name	Pian Name	нмо		Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Humana Health Insurance Company Of																
MANATEE	FI, Inc.	HumanaChoicePPO PPO H5415-048		•				\$0.00	-								
		Liver and Ohe's a DDO DDO LIFAAF 044						****	64.00							0.7	
	Humana Inguirana Camanau	HumanaChoicePPO PPO H5415-011 HumanaChoicePPO PPO R5826-018	-	•				\$20.00	\$1.39	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-032			•			\$0.00 \$30.00	\$14.48							97	•
		HumanaChoicePPO PPO R5826-005			-			\$39.00	\$22.99	•	-					97	•
	1	Humana Gold Choice PFFS H1804-123	-	 	⊢ •		-	\$64.00	\$21.35	-	†		<u> </u>		 	97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-092		†	l	t	1	\$0.00	ψ <u>2</u> 1.33		<u> </u>				1		-
		Humana Gold Plus HMO H1036-093	•					\$0.00	-								
		Humana Gold Plus HMO H1036-074	•					\$0.00	\$0.00	•	t e		•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•					\$0.00	\$0.00	•			•			97	•
		Medicare Masterpiece Plus A	•					\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Premier	•					\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Ultra	•					\$99.00	\$0.00	•			•			97	•
	Quality Health Plans, Inc.	Advantage Silver	•					\$0.00	\$0.00	•			•		•	96	•
		Advantage Gold Plus	•					\$30.00	\$0.00	•			•		•	96	•
	United Healthcare Insurance Company							\$29.07	\$29.07							97	•
	United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete	•					\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•					\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus															
		Rx	•					\$17.34	\$17.34	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete						4									
	Choice	Choice			•			\$0.00	-								
		UnitedHealthcare Medicare Comp Choice															
		Rx			•			\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx						\$23.92	\$23.92							97	
	Universal Health Care, Inc.	Universal Freedom PPO 01			•			\$0.00	\$23.92	<u> </u>	-		:		-	97	•
	Oniversal Health Care, Inc.	Universal Freedom PPO 02		:				\$59.00	\$0.00	-			- : -			97	•
	WellCare	WellCare Dividend	•	L -				\$0.00	\$0.00	•	1		<u> </u>			85	•
	vvenouic	WellCare Prescription Plus	•					\$0.00	\$0.00	•			•	•		85	•
		WellCare Advance	•				1	\$0.00	φο.σο -								
		WellCare Choice	•					\$0.00	\$0.00	•	t e		•			85	•
MARION	Freedom Health, Inc.	Patriot Plan	•			1	1	\$0.00	\$0.00	•	1		•		•	89	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-123				•		\$64.00	\$21.35	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•		\$95.00	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice						\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx						\$0.00	\$0.00							97	•
		UnitedHealthcareMedicareCompChoicePlus Rx						\$23.92	\$23.92							97	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	отпасто, распо аррготов во	Description				. ,	0.90		I	o, o, op o	Cost			1		erage		Convenience
					ype of						D	rug Deduct	ible		Type of a	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local	Advantage Regional PPO	Private			Premium)	Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MARTIN	AdvantageCare	AdvantageCare	•						\$0.00	\$0.00	•			•			86	•
	America's Health Choice Medical Plans	Americas Health Choice Treasure Coast Prem	_						\$0.00	\$0.00				١.			89	_
	inc.	Americas Healthy Rewards Treasure Coast							ψ0.00	ψ0.00	•			·		•	09	
		PI	•						\$0.00	\$0.00	•			•		•	89	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•		-			97	•
		HumanaChoicePPO PPO R5826-005 Humana Gold Choice PFFS H1804-145			•				\$39.00 \$104.00	\$22.99 \$21.35	•			- : -			97 97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete				-			φ104.00	Ψ21.00	•			·			31	
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice													1		-	
-		Rx UnitedHealthcareMedicareCompChoicePlu		1	•	 	-	 	\$0.00	\$0.00	•	ļ		· •	 		97	•
		s Rx							\$23.92	\$23.92							97	•
														1				-
	Vista Healthplan of South Florida, Inc.	Platinum Plan	•						\$0.00	\$0.00	•			•			92	•
		S																
MONROE	Humana Insurance Company	Platinum Choice Plan HumanaChoicePPO PPO R5826-018	•						\$0.00 \$0.00	\$0.00			•				92	•
WONKOE	Humana msurance Company	HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	_
		UnitedHealthcareMedicareCompChoicePlu			·				\$0.00	\$0.00	•			•			91	•
		s Rx			•				\$23.92	\$23.92	•			•			97	•
NASSAU	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•			<u> </u>	\$39.00	\$22.99	•			•			97	•
	Humana Medical Plan, Inc.	Humana Gold Choice PFFS H1804-145 Humana Gold Plus HMO H1036-080C	•	-		•			\$104.00 \$0.00	\$21.35	•			•			97	•
	Transara wedicar Flan, me.	Humana Gold Plus HMO H1036-082D	•						\$0.00	-								
		Humana Gold Plus HMO H1036-037C	•					T	\$0.00	\$0.00	•			•			97	•
		Humana Gold Plus HMO H1036-081D	•						\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice			_				\$0.00	_								
	Onoice	UnitedHealthcare Medicare Comp Choice		1		 		 	φυ.υυ	 				 	 			
		Rx			•				\$0.00	\$0.00	•						97	•
		UnitedHealthcareMedicareCompChoicePlu																
OKALOSS:	ll	s Rx			•	ļ			\$23.92	\$23.92	•			•			97	•
OKALOOSA	Humana Insurance Company	HumanaChoicePPO PPO R5826-018		-	•			<u> </u>	\$0.00	- 644.40		<u> </u>		-			07	
 		HumanaChoicePPO PPO R5826-032 HumanaChoicePPO PPO R5826-005	-	1	•	 	-	├	\$30.00 \$39.00	\$14.48 \$22.99		•			 	 	97 97	•
		Humana Gold Choice PFFS H1804-123		-			1	1	\$64.00	\$21.35	•	1		- : -			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete					1	†	ψοσο	Ψ21.00				1			, , , , , , , , , , , , , , , , , , ,	
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice																
		Rx		1	•	<u> </u>		<u> </u>	\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlus Rx							\$23.92	\$23.92				١.			97	
	WellCare	WellCare Prescription Plus	•	-		 	1	1	\$0.00	\$0.00	-	1		- : -	•		85	· ·
—		WellCare Choice	•						\$29.00	\$0.00	•			•			85	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
					Regional						_		Standard	Includes Tiered Copayments for	Generics	Generics and	Number of Top 100 Drugs on	
County	Organization Name	Plan Name	HMO	PPO	PPO	Service	Plan	Plan	Premium) \$0.00	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Mail Order Offered
OKEECHOBEE	AdvantageCare	AdvantageCare Americas Health Choice Treasure Coast	•						\$0.00	\$0.00	•			•			86	•
	Inc.	Prem							\$0.00	\$0.00						_	89	
	inc.	Americas Healthy Rewards Treasure Coast	Ť						Ψ0.00	Ψ0.00	·			<u> </u>		·	03	
		PI							\$0.00	\$0.00							89	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-		1						-
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•
		Medicare Masterpiece Plus B	٠						\$0.00	\$0.00	•	<u> </u>		•			77	•
		Medicare Masterpiece Ultra	•						\$99.00	\$0.00	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00				•			97	•
		UnitedHealthcareMedicareCompChoicePlu																
		s Rx			•				\$23.92	\$23.92	•			•			97	•
ORANGE	CareOne Health Plan	CareOne Advocate	•						\$29.07	\$29.07			•	•			92	•
	Citrus Health Care, Inc.	CitrusCare	٠						\$0.01	\$0.01	•			•		•	96	•
		Citrus Special Needs Plan	•						\$0.03	\$0.03	•			•		•	96	•
		CitrusCare Platinum	•						\$20.01	\$0.00	•			•		•	96	•
	Freedom Health, Inc.	Patriot Plan	•						\$0.00	\$0.00	•			•		•	89	•
	Humana Health Insurance Company Of FI, Inc.	HumanaChoicePPO PPO H5415-021							\$20.00	\$1.39	•			•			97	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-085	•						\$0.00	-								
		Humana Gold Plus HMO H1036-086	•						\$0.00	-								
	Overline Handle Blanca Inc.	Humana Gold Plus HMO H1036-047	•						\$0.00	\$0.00	•			•			97	•
	Quality Health Plans, Inc.	Advantage Silver Advantage Gold Plus	•						\$0.00 \$30.00	\$0.00 \$0.00	•	<u> </u>		•		•	96 96	•
		Advantage Gold Plus	•						\$30.00	\$0.00	•	<u> </u>		•		•	96	•
	United Healthcare Insurance Company	Evercare Plan DH	•						\$29.07	\$29.07	•			•			97	•
		Evercare Plan IP							\$29.07	\$29.07	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete		l		l			#0.00									
	Choice	Choice UnitedHealthcare Medicare Comp Choice			•				\$0.00	-								
		Rx UnitedHealthcareMedicareCompChoicePlu			•				\$0.00	\$0.00	•			•			97	•
		s Rx	L	<u></u>	•	<u> </u>		<u> </u>	\$23.92	\$23.92	•	<u> </u>		•	<u></u>		97	•
	WellCare	WellCare Essential	•						\$0.00	\$0.00	•			•			85	•
		WellCare Advance	٠						\$0.00	-								
		WellCare Dividend	•						\$0.00	\$0.00	•			•			85	•
		WellCare Value	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Select	٠						\$7.27	\$7.27			•	•			85	•
		WellCare Choice	•		1	l	l		\$35.00	\$0.00	•			•	•		85	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan				С	Orug Deduc	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
OSCEOLA	Citrus Health Care, Inc.	CitrusCare	•					\$0.01	\$0.01	•			•		•	96	•
		Citrus Special Needs Plan	•					\$0.03	\$0.03	•			•		•	96	•
		CitrusCare Platinum	•					\$20.01	\$0.00	•			•		•	96	•
	Humana Health Insurance Company Of FI, Inc.	HumanaChoicePPO PPO H5415-021						\$20.00	\$1.39							97	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•			\$0.00	-								
	, , , , , , , , , , , , , , , , , , , ,	HumanaChoicePPO PPO R5826-032			•			\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•			\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•		\$104.00	\$21.35	•			•			97	
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-085	•					\$0.00	-								
	,	Humana Gold Plus HMO H1036-086	•					\$0.00	-								
		Humana Gold Plus HMO H1036-047	•					\$0.00	\$0.00	•			•			97	•
	Medicare Masterpiece.	Medicare Masterpiece Plus B	•					\$0.00	\$0.00	•			•			77	•
	· ·	Medicare Masterpiece	•					\$0.00	\$0.00	•			•			97	•
		Medicare Masterpiece Ultra	•					\$99.00	\$0.00	•	1		•			97	•
	Quality Health Plans, Inc.	Advantage Silver	•					\$0.00	\$0.00	•	1		•		•	96	•
	, i	Advantage Gold Plus	•					\$30.00	\$0.00	•			•		•	96	•
	United Healthcare Insurance Company	Evercare Plan DH	•					\$29.07	\$29.07	•			•			97	
		Evercare Plan IP						\$29.07	\$29.07	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice						\$0.00	-								
		UnitedHealthcare Medicare Comp Choice															
		Rx			•			\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu															
		s Rx			•			\$23.92	\$23.92	•			•			97	•
	WellCare	WellCare Dividend	•					\$0.00	\$0.00	•			•			85	•
		WellCare Value	•					\$0.00	\$0.00	•			•	•		85	•
		WellCare Advance	•					\$0.00	-								
		WellCare Essential	•					\$0.00	\$0.00	•			•			85	•
		WellCare Select	•					\$7.27	\$7.27			•	•			85	•
		WellCare Choice	•					\$35.00	\$0.00	•		L	•	•		85	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					С	Orug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо		Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	America's Health Choice Medical Plans,								,				(,)	- 3				
PALM BEACH	Inc.	Premier	•						\$0.00	\$0.00	•			•		•	89	•
		Americas Healthy Rewards Palm Beach																l
		Plan	•						\$0.00	\$0.00	•			•		•	89	•
	Blue Cross and Blue Shield of Florida	BluePreferred Plan 1		•					\$108.00	\$45.89		•		•			97	•
	CareOne Health Plan	CareOne Advocate	•						\$29.07	\$29.07			•	•			92	•
	CarePlus Health Plans, Inc.	CareFree Plan	•						\$0.00	\$0.00	•			•			97	•
		CareComplete Plan	•						\$0.00	-								-
		CareExtra Plan	•	ļ					\$0.00	\$0.00			•				97	•
	Licelth Ontions Inc.\DCBCF	CareOne Plan	•	1	1		-		\$0.00	\$0.00	•			:	•		97	•
	Health Options, Inc.\BCBSF	Medicare & More							\$0.00	\$0.00		· •		_			97	•
		Medicare & More ActivelyYou	•				-		\$45.89 \$47.00	\$45.89			•	•		_	97 97	•
		ActivelyYou	•	 			-	-	\$47.00 \$57.47	\$8.47 \$57.47		•		:		-	97	•
	Liverana Lianith Incomens Commons Of	Actively fou	<u> </u>	1					\$57.47	\$57.47		-	•	•		•	97	<u> </u>
	Humana Health Insurance Company Of FI, Inc.	HumanaChoicePPO PPO H5415-006							\$13.00	\$1.19							97	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018	1	<u> </u>					\$0.00	\$1.19	•	-		•			97	<u> </u>
	Humana insurance Company	HumanaChoicePPO PPO R5826-032	 	 	- : -		_		\$30.00	\$14.48							97	•
		HumanaChoicePPO PPO R5826-032	 	 	- : -		_		\$39.00	\$22.99		•		•			97	•
		Humana Gold Choice PFFS H1804-145	1	1	<u> </u>				\$104.00	\$21.35	- :-	-		<u> </u>			97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-062C	•	 	-	•	_		\$0.00	\$0.00	•	-		•	•		97	•
	Humana Wedicai Fian, Inc.	Humana Gold Plus HMO H1036-073B	•		-				\$0.00	\$0.00	-			•	·		97	-
		Humana Gold Plus HMO H1036-063A	•						\$0.00	-	•	+		•	•		91	<u> </u>
		Humana Gold Plus HMO H1036-091C	•		-				\$0.00	-								
		Humana Gold Plus HMO H1036-090C	•						\$0.00	\$0.00		+	•				97	•
		Humana Gold Plus HMO H1036-035A	•	1					\$0.00	\$0.00	•	1	•	•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•	+		•			97	•
	iviedicale iviasterpiece.	Medicare Masterpiece Plus B	•						\$0.00	\$0.00	•	+		•			77	-
		Medicare Masterpiece Ultra	•	1					\$59.00	\$0.00	•	1		•			97	•
	Summit Health Plan, Inc.	Summit Ideal Plan	•						\$0.00	\$0.00	•	-		•			92	
	Cummit ricular rian, inc.	Summit Maximum Plan	•	 				-	\$0.00	\$0.00		1	•				92	•
		Curring Maximum Figure	<u> </u>						ψ0.00	ψ0.00		-					- 52	
	SunCoast Physicians Health Plan, Inc	SunCoast Physicians Health Plan, Inc.	٠.						\$0.00	\$0.00							79	
	Currodat i frysicians i icaiar i fan, me	Curicodat i riyalolaria i icalar i idii, iric.	t i						ψ0.00	ψ0.00	-						73	
	United Healthcare Insurance Company	Evercare Plan IP							\$29.07	\$29.07							97	
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete	1						ψ <u>2</u> 0.07	Ψ20.07							0.	
	Choice	Choice			•				\$0.00	-								1
		UnitedHealthcare Medicare Comp Choice	1	1					*****									
		Rx							\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu							40.00	40.00		1					**	
		s Rx							\$23.92	\$23.92	•			•			97	•
	Universal Health Care, Inc.	Universal Freedom PPO 01	†						\$0.00	\$0.00	•			•			97	•
		Universal Freedom PPO 02		•	1				\$59.00	\$0.00	•	1		•			97	•
	Vista Healthplan, Inc.	Platinum Prime Plan	•						\$0.00	\$0.00	•			•			92	•
		Platinum Value Plan	•						\$0.00	-		t e					-	
		Platinum Choice Plan	•	1	İ			1	\$0.00	\$0.00		1	•	İ			92	•
		Preferred Options	•		1				\$0.00	\$0.00		1	•	•			92	•
	WellCare	WellCare Advance	•	Ì					\$0.00	-				İ				
		WellCare Dividend	•		1				\$0.00	\$0.00	•	1		•			85	•
		WellCare Choice	•	Ì					\$0.00	\$0.00	•			•			85	•
		WellCare Select	•	Ì					\$7.27	\$7.27			•	•			85	•
	1	WellCare Access	•	 		1	1	1	\$23.90	\$23.90	1		•			t — —	85	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Type of Medicare Advantage Plan Beneficiary Total Premium' Total Premium' Total Premium' Total Premium' Total Premium' Total Premium' Total Premium' Total Premium' Total Premium' Total Premium'			Description									Cost				Cove	erage		Convenience
County Organization Name				М			Plan					D	Orug Deduct	tible		Coverage	Offered in		
Citrus Special Needs Plan		e	Plan Name	нмо			Fee-for-			Total Premium* (Including Drug	Drug	Zero	Reduced		Tiered Copay- ments for		and	Number of Top 100 Drugs on Formulary	Mail Order Offered
Clause St.00 St.00 Clause St.00 St.44 St.00 Clause St.00 St.44 St.00 Clause St.00 St.44 St.00 St.00 St.44 St.00	CO CareOne Health Pla	an	CareOne Advocate	•						\$29.07	\$29.07			•	•			92	•
Humana Health Insurance Company HumanaChoicePPO PPO H5415-048 \$0.00 \$1.39 \$	Citrus Health Care,	Inc.	Citrus Special Needs Plan	•						\$0.03	\$0.03	•			•		•	96	•
Fi, Inc.			CitrusCare	•						\$1.00	\$1.00	•			•		•	96	•
Fi, Inc.	Humana Health Ins	urance Company Of																	
Humana Insurance Company					•					\$0.00	-								
Humana Insurance Company			HumanaChoicePPO PPO H5415-011							\$20.00	\$1 3Q							97	
HumanaChoicePPO PPO R5826-032	Humana Insurance	Company			<u> </u>	— .		1				 	-		· ·			- 57	·
Humana Choice PFO PP OR 5828-005 \$38.00 \$22.99	i idilialia ilisulalice	Company		<u> </u>	 		 	 	 			1	 		1			97	•
Humana Gold Choice PFRS H1804-145				-	1		1	1	1			 	+ •	-	 			97	•
Humana Medical Plan, Inc.						<u> </u>		1										97	<u> </u>
Humana Gold Plus HMO H1036-093	Humana Madical DI	on Inc				-	•	1				<u> </u>			•			91	•
Humana Gold Plus HMO H1036-040 \$0.00 \$0.	Humana Wedicai Fi	an, mc.						-											
Medicare Masterpiece								-										97	
Medicare Masterpiece Plus A \$0.00	Madiana Mastania				1			1	1				-					97	•
Medicare Masterpiece Ultra S99.00 \$0.00 Medicare Masterpiece Ultra S99.00 \$0.00 Medicare Masterpiece Ultra S99.00 \$0.00 Medicare Machine Medicare	Medicare Masterple	ece.		_	1			-	1										
Quality Health Plans, Inc.					ļ			<u> </u>	ļ									77	•
Advantage	0 5 11 51 51				ļ			<u> </u>	ļ						1			97	•
United Healthcare Insurance Company Evercare Plan DH Evercare Plan DH Evercare Plan IP United Healthcare Insurance Company, Inc. Inc. Rx United Healthcare Medicare Complete Number of Florida, Inc. UnitedHealthcare Medicare Complete Plus Rx UnitedHealthcare Medicare Complete Plus Rx UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Plus Rx UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Oboice UnitedHealthcare Medicare Com	Quality Health Plans	s, Inc.															-	96	•
Evercare Plan IP United Healthcare Insurance Company, Inc. United Healthcare Medicare Complete United Healthcare Medicare Complete United Healthcare Medicare Complete Plus Rx UnitedHealthcare Medicare Complete Plus Rx UnitedHealthcare Medicare Complete Plus Rx UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice S0.00 S0.00 S0.00 S17.34 S17.34 S17.34 S17.34 UnitedHealthcare Medicare Complete S0.00 UnitedHealthcare Medicare Complete Choice S0.00 S0.00 UnitedHealthcare Medicare Complete Choice S0.00 S0.00 UnitedHealthcare Medicare Complete Choice S0.00 S0.00 UnitedHealthcare Medicare Complete Choice S0.00 S0.00 UnitedHealthcare Medicare Complete Choice S0.00 S0.00 UnitedHealthcare Medicare CompChoice Plu			Advantage	•						\$43.85	\$43.85	•			•		•	96	•
United Healthcare Insurance Company, Inc. United Healthcare Medicare Comp Choice \$ \$31.00 \$0.00 \$ \$	United Healthcare I	nsurance Company	Evercare Plan DH	•						\$29.07	\$29.07							97	•
Inc.					•					\$29.07	\$29.07	•			•			97	•
United Healthcare of Florida, Inc. UnitedHealthcare Medicare Complete UnitedHealthcare Medicare Complete Plus Rx UnitedHealthcare Medicare Complete Plus Rx UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice S0.00 S0.00 S0.00 S17.34 S17.34 S17.34 S17.34 S17.34 S17.34 S17.34 UnitedHealthcare Medicare Complete S0.00 S0.00 S0.00 UnitedHealthcare Medicare Complete S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00	United Healthcare I	nsurance Company,	UnitedHealthcare Medicare Comp Choice																-
UnitedHealthcare Medicare Complete Rx UnitedHealthcare Medicare Complete Plus Rx S17.34 S17.3	Inc.		Rx								\$0.00	•			•			97	•
UnitedHealthcare Medicare Complete Plus RX UnitedHealthcare Medicare Complete Choice So.00 - So.00 So.00 UnitedHealthcare Medicare CompChoice Plu UnitedHealthcare Medicare CompChoice Plu UnitedHealthcare Medicare CompChoice Plu So.00	United Healthcare of	of Florida, Inc.		•							-								
Rx • \$17.34 \$17.34 • • • UnitedHealthcare Medicare Complete Choice • \$0.00 • UnitedHealthcare Medicare Complete Choice • \$0.00 • UnitedHealthcare Medicare CompChoice Rx UnitedHealthcareMedicareCompChoicePlu			UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•			•			97	•
UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Comp Choice Rx UnitedHealthcare Medicare Comp Choice UnitedHealthcare Medicare Comp Choice Rx UnitedHealthcare Medicare Comp Choice Plu		_	UnitedHealthcare Medicare Complete Plus																
Choice	<u> </u>		Rx	•			<u></u>	<u> </u>		\$17.34	\$17.34	•			•			97	•
UnitedHealthcare Medicare Comp Choice RX \$0.00 \$0.00 • \$0.00		ledicare Complete								\$0.00	_								
UnitedHealthcareMedicareCompChoicePlu UnitedHealthcareMedicareCompChoicePlu			UnitedHealthcare Medicare Comp Choice																
					ļ	•			ļ	\$0.00	\$0.00	•						97	•
s Rx \$23.92 \$23.92 • •			UnitedHealthcareMedicareCompChoicePlu s Rx							\$23.92	\$23.92	١.						97	
Universal Health Care, Inc. Universal Freedom PPO 01 • \$2.0.92 36.3.92 • • • • • • • • • • • • • • • • • • •	Universal Health Co	are Inc		l			1	 	 				1	-	1		-	97	:
Oniversal readulin Care, inc. Oniversal record •	Offiversal Health Ca	are, 1116.				 		 	1				1		1			97	•
WellCare WellCare \$59.00 \$0.00 • •	WellCare			.	⊢•	 	-	1	 									85	•
	Wellcale				 	 	-	1	 									85	
					 	 	-	1	 			+ <u>•</u> -				•		85	•
WellCare Select • \$7.27 \$7.27 • • •					-	 	1	1	-			1	1	•			1	85 85	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				COV	erage		Convenience
			M		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
unty	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offer
IELLAS	Aetna Medicare	Aetna Golden Medicare Basic Plan	•			00.1.00			\$0.00	-	2010	rtoddood	(\$200)	2. ago	O.ny	Diana	· Ormanary	man order one
		Aetna Golden Choice Standard Plan		•				1	\$70.00	\$30.91		1	•				85	•
		Aetna Golden Medicare Standard Plan	•					1	\$70.00	\$30.91		1	•				85	•
	Blue Cross and Blue Shield of Florida	BluePreferred Plan 1		•				1	\$108.00	\$45.89		•		•			97	•
	CareOne Health Plan	CareOne Advocate	•						\$29.07	\$29.07		1	•				92	
	CarePlus Health Plans, Inc.	CareExtra Plan	•						\$0.00	-							- OL	
	Carer las ricalar rians, inc.	CareFree Plan	•					1	\$0.00			1						
	+	CareOne Plan	•		 		-	 	\$0.00	\$0.00	•	1	l				97	•
	Citrus Health Care, Inc.	Citrus Special Needs Plan	÷	-	-		-	1	\$0.00	\$0.00		1	l	- : -			96	•
	Girus Fledilli Gale, IIIG.		÷	.		-	<u> </u>	 	\$0.03	\$0.03	<u> </u>	 	 			<u> </u>	96	•
		CitrusCare	•	-				1	\$1.00	\$1.00	•			•		•	96	•
	Humana Health Insurance Company Of FI, Inc.	HumanaChoicePPO PPO H5415-048		•					\$0.00	-								
		HumanaChoicePPO PPO H5415-011		•					\$20.00	\$1.39	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-092	•						\$0.00	-								
		Humana Gold Plus HMO H1036-093	•						\$0.00	-								
		Humana Gold Plus HMO H1036-052	•						\$0.00	\$0.00	•			•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•
		Medicare Masterpiece Plus A	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Ultra	•						\$99.00	\$0.00	•			•			97	•
	Quality Health Plans, Inc.	Advantage Silver	•						\$0.00	\$0.00	•			•		•	96	•
		Advantage Gold Plus	•						\$30.00	\$0.00	•			•		•	96	•
	United Healthcare Insurance Company		•						\$29.07	\$29.07				•			97	•
		Evercare Plan IP		•					\$29.07	\$29.07	•			•			97	•
	United Healthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx							\$31.00	\$0.00				•			97	
	United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete	٠						\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•	1		•			97	•
		UnitedHealthcare Medicare Complete Plus Rx							\$17.34	\$17.34	•						97	
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice			•		<u></u>	<u></u>	\$0.00	-		<u></u>		<u> </u>				<u></u>
		UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00				•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx							\$23.92	\$23.92							97	
	Universal Health Care, Inc.	Universal Freedom PPO 01		•			t	†	\$0.00	\$0.00	•						97	•
		Universal Freedom PPO 02		•			t	†	\$59.00	\$0.00	•			•			97	•
	WellCare	WellCare Dividend		1			1	1	\$0.00	\$0.00	•	1		•			85	•
		WellCare Value	•	-	 		 	†	\$0.00	\$0.00	•	†	 	<u> </u>	•		85	•
	+	WellCare Choice	•	-	 		 	†	\$0.00	\$0.00	•	†	 	•	÷		85	•
		WellCare Select	•	 	 	-	 	 	\$7.27	\$7.27	<u> </u>	 	•	•	<u> </u>		85	•
		WellCare Access	•		 	-	+	+	\$23.91	\$23.91		 	- :	-		-	85	-

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					С	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
POLK	Citrus Health Care, Inc.	Citrus Special Needs Plan	•						\$0.03	\$0.03	•			•		•	96	•
		CitrusCare	•						\$0.13	\$0.13	•			•		•	96	•
		CitrusCare Platinum Plan	•						\$0.24	\$0.24	•			•		•	96	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•	1		•			97	•
		Humana Gold Choice PFFS H1804-123				•			\$64.00	\$21.35	•	1		•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•	1		•			97	•
	inicalcare masterpiece.	Medicare Masterpiece Plus A	•						\$0.00	\$0.00		1					77	•
		Medicare Masterpiece Premier	•						\$0.00	\$0.00	•	1		•			77	•
		Medicare Masterpiece Ultra	•						\$99.00	\$0.00	•			•			97	•
	PHYSICIANS UNITED	American Spirit Plan	•						\$0.00	\$0.00	•			•		•	97	•
	Quality Health Plans, Inc.	Advantage Silver	•						\$0.00	\$0.00	•	1		•		•	96	•
	Quality Ficular Figures, Inc.	Advantage Gold	÷						\$55.55	\$55.55	-	1		- :-		•	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5	_			•			\$45.00	ψυυ.υυ -	·	1		•		· •	30	•
	Secure Horizons Direct	SecureHorizons Direct Premier Plan 100		1		•			\$95.00	-	-	1				-		
		Securemonzons Direct Fremier Flam 100		1		•			\$95.00	-		ļ						
	United Healthcare Insurance Company	Evercare Plan DH	•						\$29.07	\$29.07	•			•			97	•
		Evercare Plan IP							\$29.07	\$29.07				•			97	•
	United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete	•						\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx							\$17.34	\$17.34							97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice																
		Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlus Rx							\$23.92	\$23.92							97	
	Universal Health Care, Inc.	Universal Freedom PPO 01		•				1	\$0.00	\$0.00	•	i i	i	•		İ	97	•
		Universal Freedom PPO 02		•					\$59.00	\$0.00	•	i e		•			97	•
	WellCare	WellCare Choice	•	†					\$0.00	\$0.00	•			•	•		85	•
		WellCare Dividend	•	†					\$0.00	\$0.00	•			•			85	•
	+	WellCare Advance	÷	†		-			\$0.00	φυ.ου -	<u> </u>	†	 	Ť			- 55	<u> </u>
	+	WellCare Select	·	†		-			\$7.27	\$7.27	†	†	•	•			85	•
PUTNAM	Humana Insurance Company	HumanaChoicePPO PPO R5826-018	⊢ •	 	•	 	_	 	\$0.00	φ1.21 -	 	 	l	· ·	 	 	- 55	· · · · · · · · · · · · · · · · · · ·
I OTTANI	namana mourance company	HumanaChoicePPO PPO R5826-032	-	1	- :	1	-	1	\$30.00	\$14.48	1		l	-	1	1	97	
-		HumanaChoicePPO PPO R5826-005	-	1	- :	1	-	1	\$39.00	\$14.46		•	l		1	1	97	•
 		Humana Gold Choice PFFS H1804-145	l	 	⊢ •	- .	-	1	\$104.00	\$21.35	•	1	l	- : -	l	 	97	:
-	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete	-	1		·	-	1	φ104.00	φ21.33	•	1	l	<u> </u>	1	1	91	•
	Choice Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00				•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx							\$23.92	\$23.92				•			97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	НМО	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan		Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SANTA ROSA	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		Humana Gold Choice PFFS H1804-122				•			\$14.00	\$14.00	•			•			97	•
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
		- 0, 10																
	United Healthcare Insurance Company			•					\$29.07	\$29.07	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	
		UnitedHealthcareMedicareCompChoicePlu							*****									
		s Rx							\$23.92	\$23.92							97	•
	WellCare	WellCare Prescription Plus	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Choice							\$29.00	\$0.00							85	
SARASOTA	AdvantageCare	AdvantageCare	•						\$10.00	\$0.00	•			•			86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
	, , , , , , , , , , , , , , , , , , , ,	HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-123				•			\$64.00	\$21.35	•			•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•
		Medicare Masterpiece Plus A	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Premier	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Ultra	•						\$99.00	\$0.00	•			•			97	•
	Quality Health Plans, Inc.	Advantage Silver	•						\$0.00	\$0.00	•			•		•	96	•
		Advantage Gold Plus	•						\$30.00	\$0.00	•			•		•	96	•
	United Healthcare Insurance Company	Evercare Plan IP							\$29.07	\$29.07							97	
	United Healthcare of Florida, Inc.	UnitedHealthcare Medicare Complete	•	<u> </u>	 			†	\$0.00	Ψ25.07	i i			<u> </u>			- 51	•
	Troumbaro or rionad, mo.	UnitedHealthcare Medicare Complete Rx	•		 			†	\$0.00	\$0.00	•						97	•
		UnitedHealthcare Medicare Complete Plus			 			†	ψ0.00	ψ0.00	i i			⊢ Ť			- 51	•
		Rx							\$17.34	\$17.34							97	
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete						1	¥	ψο.r		1		_			<u> </u>	-
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice																
		Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx							\$23.92	\$23.92							97	
	Universal Health Care, Inc.	Universal Freedom PPO 01		•	<u> </u>	-		 	\$23.92	\$23.92	•	 		:			97	•
	Universal Health Care, Inc.	Universal Freedom PPO 01 Universal Freedom PPO 02		•		-		 	\$0.00 \$59.00	\$0.00	•	 		•			97	
	WellCare	WellCare Prescription Plus		·		-		 	\$0.00	\$0.00		 					85	•
	vvciicale	WellCare Choice	•				1		\$0.00	\$0.00	•			•	•		85	.

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Convenience			
					Type of ledicare Advantage Plan						Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	нмо		Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	
SEMINOLE	Citrus Health Care, Inc.	CitrusCare	•		110	OCI VIOC	ı ıuıı	i idii	\$0.01	\$0.01	•	reduced	(ψ200)	•	Offiny	•	96	Mail Order Offered
OLIIII TOLL	Childo Flodiar Garo, moi	Citrus Special Needs Plan	•						\$0.03	\$0.03	•	-		•		•	96	•
		CitrusCare Platinum	•						\$20.01	\$0.00	•	-		•		•	96	•
	Humana Health Insurance Company Of								Ψ20.01	ψ0.00	<u> </u>						- 50	·
	FI, Inc.	HumanaChoicePPO PPO H5415-021							\$20.00	\$1.39							97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018	-	<u> </u>			-	 	\$0.00	-	 	1					- 37	· ·
 	modranos company	HumanaChoicePPO PPO R5826-032		†	-		 	†	\$30.00	\$14.48	†	•	 				97	•
 	+	HumanaChoicePPO PPO R5826-005		†	- ·		 	†	\$39.00	\$22.99	•	<u></u>	 				97	•
	+	Humana Gold Choice PFFS H1804-145		†	i i	•	 	†	\$104.00	\$21.35	•	†	 	•			97	•
 	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-085	•	 		⊢ <u> </u>	+	 	\$0.00	-	 	 	l	 			31	•
	namana wedican nan, me.	Humana Gold Plus HMO H1036-086	•	 		 	+	 	\$0.00	-	 	1	l					
	<u> </u>	Humana Gold Plus HMO H1036-047	•	 		 	+	 	\$0.00	\$0.00	•	1	l	•			97	•
	Medicare Masterpiece.	Medicare Masterpiece Plus B	•	 			-	 	\$0.00	\$0.00	•		l				77	•
	Micaldale Masterpiece.	Medicare Masterpiece	÷	 		 	 	 	\$0.00	\$0.00	- :	1		•			97	•
	 	Medicare Masterpiece Ultra	•	 			-	 	\$99.00	\$0.00	•		l	•			97	•
	Quality Health Plans, Inc.	Advantage Silver	•	<u> </u>				<u> </u>	\$0.00	\$0.00	<u> </u>					•	96	.
	Quality Ficaliti Fians, Inc.	Advantage Gold Plus	÷	1		1	-	1	\$30.00	\$0.00	- :	1	l	:		<u> </u>	96	•
	United Healthcare Insurance Company	-							\$29.07	\$29.07				•			97	•
		Evercare Plan IP							\$29.07	\$29.07				•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete								1			l					
	Choice	Choice		<u> </u>	•		<u> </u>	ļ	\$0.00	-								
		UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00				•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx							\$23.92	\$23.92				•			97	•
	WellCare	WellCare Dividend	•						\$0.00	\$0.00	•			•			85	•
		WellCare Value	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Advance	•						\$0.00	-								
		WellCare Essential	•						\$0.00	\$0.00	•			•			85	•
		WellCare Select	•						\$7.27	\$7.27			•	•			85	•
		WellCare Choice	•						\$35.00	\$0.00	•			•	٠		85	•
ST. JOHNS	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-068	•					Ì	\$0.00	\$0.00	•		İ	•			97	•
	Sterling Option I	Sterling Option I				•		Ì	\$9.00	-			İ					
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete						Ì		İ			İ					
	Choice	Choice UnitedHealthcare Medicare Comp Choice			•		-		\$0.00	-								
		Rx UnitedHealthcareMedicareCompChoicePlu			•		-		\$0.00	\$0.00				•			97	•
		s Rx			•				\$23.92	\$23.92				•			97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Convenience				
			Ty Medicare A		ype of Advantage I	Plan					Drug Deductil		ible		Type of Additional Coverage Offered in Drug Coverage Ga			
0		Block Marco						Demo			7	Detect	Standard		Generics	Generics and	Number of Top 100 Drugs on	
County ST. LUCIE	Organization Name AdvantageCare	Plan Name AdvantageCare	НМО	PPO	PPO	Service	Plan	Pian	Premium) \$0.00	Premium* \$0.00	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary 86	Mail Order Offered
ST. LUCIE		Americas Health Choice Treasure Coast	<u> </u>						\$0.00	\$0.00	•			•			00	•
	Inc.	Prem							\$0.00	\$0.00							89	
	ino.	Americas Healthy Rewards Treasure Coast	<u> </u>						ψ0.00	ψ0.00	-						- 00	· · · · · · · · · · · · · · · · · · ·
		PI							\$0.00	\$0.00							89	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018		1	•				\$0.00	-								
	, , , , , , , , , , , , , , , , , , , ,	HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•
	·	Medicare Masterpiece Plus B	٠						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Ultra	•						\$69.00	\$0.00	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice	<u> </u>	<u> </u>	•				\$0.00	-	L			<u> </u>				
		UnitedHealthcare Medicare Comp Choice																
		Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu																
		s Rx			•				\$23.92	\$23.92	•			•			97	•
	Vista Healthplan of South Florida, Inc.	Platinum Plan	•						\$0.00	\$0.00	•			•			92	•
		Platinum Select Plan	•						\$0.00	\$0.00	•			•			92	•
		Preferred Options	•						\$0.00	\$0.00			•	•			92	•
		D D D.																
		Platinum Choice Plan	٠						\$0.00	\$0.00			•				92	•
	WellCare	WellCare Choice	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Dividend	•						\$0.00	\$0.00	•			•			85	•
		WellCare Value	•						\$0.00 \$7.27	\$0.00 \$7.27	•			•			85	•
SUMTER	Freedom Health, Inc.	WellCare Select Patriot Plan	•						\$0.00	\$0.00			•	•		_	85 89	•
SUMITER		HumanaChoicePPO PPO R5826-018	•						\$0.00		•			•		•	89	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 HumanaChoicePPO PPO R5826-032	-	-	•				\$0.00	- \$14.48	 						97	•
		HumanaChoicePPO PPO R5826-032	l	 	•				\$39.00	\$14.48	•	-					97	•
		Humana Gold Choice PFFS H1804-145	l	 	-	•			\$104.00	\$22.99	•	1		- : -			97	•
	Quality Health Plans, Inc.	Advantage Silver	•	 		Ť		-	\$0.00	\$0.00	•			<u> </u>			96	<u> </u>
	againty i routin i talls, life.	Advantage Silver Advantage Gold Plus	÷	 			_	—	\$30.00	\$0.00	-			- : -		•	96	<u> </u>
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete	<u> </u>	 			_	-	ψ00.00	ψ0.00	<u> </u>						50	•
	Choice	Choice	l						\$0.00	_	1							
		UnitedHealthcare Medicare Comp Choice							\$0.00	1	1							
		Rx	l	1					\$0.00	\$0.00							97	
		UnitedHealthcareMedicareCompChoicePlu							\$0.00	\$0.00							· ·	-
		s Rx	l						\$23.92	\$23.92							97	•
SUWANNEE	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
OOWANALL		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48							97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice	l		•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice																
I		Rx	l		•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu															97	
										\$23.92								

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

					Cost				Convenience									
			Type of Medicare Advantage								Drug Deductible			Type of Additional Coverage Offered in Drug Coverage Gap				
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		ost Demo		Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
TAYLOR	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice																
		Rx			•				\$0.00	\$0.00	•			•			97	•
-		UnitedHealthcareMedicareCompChoicePlu																
		s Rx			•				\$23.92	\$23.92	•			•			97	•
UNION	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice																
		Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu																
		s Rx			•				\$23.92	\$23.92	•			•			97	•
VOLUSIA	Citrus Health Care, Inc.	Citrus Special Needs Plan	•						\$0.03	\$0.03	•			•		•	96	•
		CitrusCare	•						\$0.08	\$0.08	•			•		•	96	•
	Florida Health Care Plan, Inc.	FHCP Medvantage	•						\$0.00	-								
		FHCP Medvantage Rx	•						\$0.00	\$0.00		•		•			78	•
		FHCP Medvantage Rx Plus	•						\$19.22	\$19.22	•			•		•	78	•
	Freedom Health, Inc.	Patriot Plan	•						\$0.00	\$0.00	•			•		•	89	•
	Humana Health Insurance Company Of																	
	FI, Inc.	HumanaChoicePPO PPO H5415-039		•					\$20.00	\$1.39	•			•			97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
	,	HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-044	•						\$0.00	\$0.00	•			•			97	•
		Humana Gold Plus HMO H1036-056	•						\$0.00	-								
		Humana Gold Plus HMO H1036-083	•						\$0.00	-								
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•	<u> </u>		\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•		1	\$95.00	-								
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete					1 -						1					
	Choice	Choice			•			1	\$0.00	-								
		UnitedHealthcare Medicare Comp Choice					1 -						1					
		Rx			•		<u> </u>		\$0.00	\$0.00	•			•			97	•
-		UnitedHealthcareMedicareCompChoicePlu																
	1	s Rx			•		l	1	\$23.92	\$23.92	•	1	l	•			97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		-		Cost				Convenience										
					Type of Medicare Advantage Plan						Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
					Regional					Beneficiary Drug			Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	
County	Organization Name	Plan Name	НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Mail Order Offered
WAKULLA	Capital Health Plan Advantage	Capital Health Plan Advantage Plus	•						\$31.33	\$28.03	•			•			97	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	Medicare Masterpiece.	Medicare Masterpiece	•						\$0.00	\$0.00	•			•			97	•
		Medicare Masterpiece Plus B	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Premier	•						\$0.00	\$0.00	•			•			77	•
		Medicare Masterpiece Ultra	•						\$135.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			\$45.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete																
	Choice	Choice			•				\$0.00	-								
		UnitedHealthcare Medicare Comp Choice																
		Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu																
		s Rx			•				\$23.92	\$23.92	•			•			97	•
	Universal Health Care, Inc.	Universal Freedom PPO 01		•					\$0.00	\$0.00	•			•			97	•
		Universal Freedom PPO 02		•					\$59.00	\$0.00	•			•			97	•
WALTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Complete							6 0.00									
	Choice	Choice UnitedHealthcare Medicare Comp Choice			•			1	\$0.00	-								
		Rx							\$0.00	\$0.00							97	•
		UnitedHealthcareMedicareCompChoicePlu																
		s Rx	L		•		<u> </u>	<u></u>	\$23.92	\$23.92	•	<u></u>		•		<u> </u>	97	•
WASHINGTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-018			•				\$0.00	-								
		HumanaChoicePPO PPO R5826-032			•				\$30.00	\$14.48		•					97	•
		HumanaChoicePPO PPO R5826-005			•				\$39.00	\$22.99	•			•			97	•
		Humana Gold Choice PFFS H1804-145				•			\$104.00	\$21.35	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Complete Choice							\$0.00	_								
-	OTIOIOC	UnitedHealthcare Medicare Comp Choice		1	⊢ •		 	1	ψυ.υυ	-	l	 				 		
		Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcareMedicareCompChoicePlu s Rx							\$23.92	\$23.92							97	•